Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

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CLAIMS AS FILED - PART I							SMAL	L ENT	ITY		OTHER	R THAN
-			(Colum	(Column 1)		(Column 2)		TYPE		OR		
TOTAL CLAIMS			20				RAT	E	FEE]	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		FEE 3	85.00	OR	BASIC FEE	770.00
TO	OTAL CHARGE	ABLE CLAIMS	2-0mi	nus 20=	•		XS 9	=		OR	X\$18=	·
INDEPENDENT CLAIMS			3	inus 3 ±			X43			OR	X86=	
M	JLTIPLE DEPE	NDENT CLAIM F	PRESENT	-				_		1 1	•	
* 11	the differenc	e in column 1 is	less than z	ero, enter	"0" in (column 2	+145			OR	+290=	
		•	MENDED - PART II			TOTA	'L L		OR	TOTAL	1/0	
		(Column 1)		Colum <u>(</u>		(Column 3)	SMAL	SMALL ENTITY		OR	OTHER SMALL	
		CLAIMS		HIGHE		T	<u> </u>	ADDI-	DDI-	ור		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	RATE	TIC	ONAL EE		RATE	TIONAL
	Total	+	Minus	**		a	X\$ 9:			OR	X\$18=	
	Independent	ENTATION OF M	Minus	***	<u> </u>	=	X43=			OR	X86=	
L	FINST FREST	ENTATION OF MI	DETIPLE DE	PENDENT	CLAIM		+145=			OR	+290=	
								. -		L	TOTAL	
								ĒL		OR A	DDIT. FEE	
		(Column 1)	T	(Colum		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOL PAID F	ER JSLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	1 - 1
	Independent	*	Minus	***		=	X43=	1		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	1	~F		
										OR	+290=	
		·					TOTA ADDIT. FE			OR A	TOTAL DDIT. FEE	£ _
		(Column 1)		(Column	1 2)	(Column 3)					•	
MEN	`	CLAIMS		HIGHE	ST .			TAB	<u> </u>	·		A D D I
	<u></u>	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA	RATE	AD TIO	NAL	.	RATE	ADDI- TIONAL FEE
	Total	*	Minus	that .		=	X\$ 9=		\Box	OR	X\$18=	
	Independent		Minus	***		=	X43=	1		. h	X86=	; .
1	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							╄	1	OR	700-	
* If the entry in column 1 is less than the entry in column 2 write *0" in actumn 2										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										DR A	TOTAL ODIT, FEE	
Henn	the Highest Nur	mber Previously Pai ber Previously Paid	d For IN THIS	SPACE is H	ess than	3. enter *3.* · ·				. ~		
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